

OIL AND GAS COMMISSION
DEPARTMENT OF THE STATE



RECEIVED

AUG 9 1973

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS COM. CORP.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR R. D. Brew, Triangle J Oil Co.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 314 Patterson Building, Denver, Colorado		8. FARM OR LEASE NAME Krause	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface CSWSW - Section 20, Township 3 South, Range 50 West At proposed prod. zone		9. WELL NO. #1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4570' KB, 4560' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-T3S-R50W	
		12. COUNTY Washington	13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work _____

Plugs were set at:
287' - 317' - 15 sacks
Surface - 10 sacks

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
MM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
LD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE _____ DATE 8/8-73

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 10 1973

CONDITIONS OF APPROVAL, IF ANY:

Plugged without prior approval

No Prior
Approval to
Plug